SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

TYPE OF PERMIT REQUESTED→

Authorized Agent:

Address to send permit _

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN Date Stamp (Received)

One of the stamp (Received)

Bayfield Co. Zoning Dept.

	Permit #:	20-0095
NTERE	Date:	6-2-20
	Amount Paid:	\$75
	Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION <u>UNTIL ALL PERMITS HAVE BEEN ISSUED</u> TO APPLICANT. V LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

YPE OF PERIMIT REQU	OE21ED.		NO LA	AND OSL	Mail	ing Address:			City/State/	Zip:		24	Telepho	ne:
Owner's Name: PAUL ISAL	L-5501	~			14	515 Huy	13		Hu	bster	W.	I 54844	17	4-382
Address of Property:						City/State/Zip:							Cell Pho	ne:
ontractor:	Mu				Cont	tractor Phone:	P	umber:					Plumber	r Phone:
5	elf					_			1: - 0 d d	/indudo Cit	/S+a+a/7	Zin\:	Written	
Authorized Agent: (Perso	on Signing	Applicati	on on behalf	of Owner(s))	Age	nt Phone:	A	gent IVIa	ling Address	(include Cit	//State/2	-ip)•	Authori	zation
	_												Attache Yes	5.001
		7514.				Tax ID#	4 -	-			Record	led Document: (S	Showing (Ownership)
PROJECT LOCATION	Legal Des	criptio	n: (Use Ta	x Statement)			146	5				174	63	<u> </u>
NF 1/4, Nh	J _{1/4}		Gov't Lot	Lot(s)	CSM	Vol & Page C	SM Doc	#	Lot(s) #	Block #	Subdiv	vision:		
		ip <u>5</u>	Ö N, Ra	inge 7	w	Town of:	Clou	w			Lot Siz	e	Acre Z	age B, Q
7 Table 1	Kls Pro	perty/L	and within	300 feet of Ri	ver, St	ream (incl. Intermittent	' I	tance St	ructure is f	rom Shoreli	ne : feet	Is your Proper in Floodplain		Are Wetlands Present?
				f Floodplain?		•		tance St	ructure is f	rom Shoreli	ne:	Zone?		Yes
1	Is Pro	perty/L	and within	1 1000 feet of L	ake, P	ond or Flowage fyescontinue —	- 1	tance 5	i detaile is i		_feet	X No		□ No
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☐ Non-Shoreland											terrals reco			
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	-					ing shack, etc.)					(Х)	
St postdoutell				with Loft							(X)	
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Rec'd for Is	suanc	9 .[7]	Accesso	ory Building (explair	n) Hoop	Stork	412	CPIE		(no × 30	.)	600
			Accesso	ory Building A	dditi	on/Alteration (ex	plain) _				. (Х)	
Juli 02	2020				XII Y A						(Х)	
1 1 7											(Х)	
Secretaria	al Staff										(X)	
1						STARTING CONSTRUCT	TION WIT	HOUT A	ERMIT WILL	RESULT IN PE	NALTIES			
I (we) declare that this a	application (including	any accompan	ying information) h	as been	examined by me (us) and t	o the best	of my (our)	knowledge and	a whether to is	ue a nerm	id complete. I (we) a it. I (we) further acce	sknowledge pt liability	e that I (we) am which may be a
(are) responsible for the	e detail and tv relving or	accuracy this info	of all informati rmation I (we)	am (are) providing	in or wit	and that it will be relied unthe this application. I (we) co	onsent to o	ounty offic	ials charged wit	h administering	county or	dinances to have acce	ess to the a	bove described
												Date 6 - 1		
Owner(s):	iple Own	ers liste	d on the De	ed All Owners n	nust sig	gn <u>or</u> letter(s) of autho	orization	must ac	company this	application				
(ii there are with	PIC OWIII					THAT								

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date _

If you recently purchased the property send your Recorded Deed

Attach Copy of Tax Statement the box below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink – NO PENCIL

(1) Show Location of: Proposed Construction
 (2) Show / Indicate: North (N) on Plot Plan

(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Fi

(3) Show Location of (*):
 (4) Show:
 (5) Driveway and (*) Frontage Road (Name Frontage Road)
 (6) All Existing Structures on your Property

(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%

Su Attached Map

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements			Description	Setback Measurements		
Cathord from the Country College	7000	_			A - A		
Setback from the Centerline of Platted Road	365	Feet		Setback from the Lake (ordinary high-water mark)	NA	* Feet	
Setback from the Established Right-of-Way	300	Feet		Setback from the River, Stream, Creek	75	Feet	
143				Setback from the Bank or Bluff	~	Feet	
Setback from the North Lot Line	210	Feet		¥	1		
Setback from the South Lot Line	675	Feet		Setback from Wetland	7 75'	Feet	
Setback from the West Lot Line	1035	Feet		20% Slope Area on the property	☐ Yes	XVO	
Setback from the East Lot Line	400	Feet		Elevation of Floodplain		Feet	
						,	
Setback to Septic Tank or Holding Tank	NA	Feet		Setback to Well	150+	Feet	
Setback to Drain Field	NA	Feet					
Setback to Privy (Portable, Composting)	NA	Feet		4			

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Permit Date: Permit #: Date: Permit Date: Pe	Issuance Information (County Use Only)	Sanitary Number:	ity	# of bedrooms:	Sanitary Date:
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	Permit Denied (Date):	Reason for Denial:			
Is Parcel in Common Ownership Is Structure Non-Conforming	Permit #: 20-0095	Permit Date:	2-20		
Yes No Case #: Yes No Were Property Lines Represented by Owner Was Proposed Building Site Delineated Yes No Was Property Surveyed Yes No No No No No No No N	Is Parcel in Common Ownership	ious Lot(s)) 🗆 No			
Was Proposed Building Site Delineated Was Property Surveyed Inspection Record: Date of Inspection: Condition(s): Town, Committee or Board Conditions Attached? Yes No Lakes Classification () Date of Re-Inspection: Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)					#: NA
Date of Inspection: Condition(s): Town, Committee or Board Conditions Attached? Yes No - (If No they need to be attached.)			Were Property Line		
Condition(s): Town, Committee or Board Conditions Attached? Yes No – (If No they need to be attached.)	Inspection Record: Shed Lucation	٥٤			
Majulain Sulbacks	4 6 6000	4	No they need to be atta		Date of Re-Inspection:
Signature of Inspector: Date of Approval: [22] 70					
Signature of Inspector: Date of Approval: () 2 70	0		n		
6/2/2	Signature of Inspector:	14 (-			Date of Approval: 622
Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees: Hold For Fee	Hold For Sanitary: Hold For TBA:	Hold For Affic	davit: 🗆	Hold For Fees:	

Isaksson Sheds



Bayfield County Land Records Department https://maps.bayfieldcounty.org/BayfieldWAB/

wn, City, Village, State or Federal Sermits May Also Be Required

LAND USE - X SANITARY -SIGN -SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Issued To: Paul & Susan Isaksson 20-0095 No. **LESS PAR N OF HWY 13** Town of **Clover** Location: **NE** 1/4 of Township **50** Range 7 W. Section CSM# Block Subdivision Gov't Lot Lot

For: Residential Accessory Structure: [1- Story; Hoop Shed (20' x 30') = 600 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maintain setbacks

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 2, 2020

Date

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891

(715) 373-6138

Owner(s):

Authorized Agent: _

Address to send permit

APPLICATION FOR PERMIT



Bayfield Co. Zoning Dept.

Date: Amount Paid: ENTERED Refund:

Permit #:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT	REQUESTE	.D—▶	13	LAND USE	-		Y 🗆	CONDITIO	Committee of the Commit	☐ SPECIAI	L USE	☐ B.O.A.	□ OTH	HER
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Address of Proper	ty: Same					City/State/Zip:							Cell P	Phone: 3-341-66
Contractor:	۔۔۔۔ ر	,			Contr	ractor Phone:		Plumber:	NA				Plum	ber Phone:
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Authorized Agent:	(Person Signir	ng Applica	ation on behalf	of Owner(s))	Agen	t Phone:		Agent Ma	ailing Address	(include City	//State/Zip	0):	Writt	orization
													Attac	ched es 🗆 No
PROJECT		z Ta 80				Tax ID#					Recorde	d Document		ng Ownership)
PROJECT LOCATION	Legal D	escripti	i <mark>on</mark> : (Use Ta	ax Statement)			11	463			一子:	74		038
NG	his		Gov't Lot	Lot(s)	CSM	Vol & Page	CSM D	oc#	Lot(s) #	Block #	Subdivis	ion:		
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VShoreland -	_			of Floodplain?		yescontinue -	-	Di-t C		Chaualia		Zone?		Present?
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☐ Non-Shorelan	d										- 10	MINO.		
_ Non-Shorelan	ч													
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Original Application MUST be submitted

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Attach

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below: Draw or Sketch your Property (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

Show Location of: (1) Show / Indicate:

Proposed Construction

(2)

North (N) on Plot Plan

(3)Show Location of (*):

(4)Show: (5) Show: (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property

Show any (*): (6)

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%

Sec Attacher map

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Setback Measurements			Description	Setback Measurements		
Setback from the Centerline of Platted Road	330	Feet		Setback from the Lake (ordinary high-water mark)	Nes	Feet	
Setback from the Established Right-of-Way	280	Feet		Setback from the River, Stream, Creek	75	Feet	
				Setback from the Bank or Bluff	NA	Feet	
Setback from the North Lot Line	157	Feet		4	14.		
Setback from the South Lot Line	700	Feet		Setback from Wetland	75	Feet	
Setback from the West Lot Line	1050	Feet		20% Slope Area on the property	☐ Yes	No	
Setback from the East Lot Line	400	Feet		Elevation of Floodplain		Feet	
Setback to Septic Tank or Holding Tank	NA	Feet		Setback to Well	150+	Feet	
Setback to Drain Field	NO	Feet					
Setback to Privy (Portable, Composting)	NA	Feet					
Prior to the placement or construction of a structure within ten (10) fe	et of the minimum requir	red setback, t	he bo	oundary line from which the setback must be measured must be visible from one	nreviously surveye	d corner to the	

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

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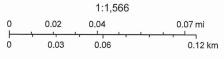
to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number:	City	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:			
Permit #: 20-0094	Permit Date: 6	2-26		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Deed of Reco	rd)IXNo	Mitigation Required Mitigation Attached	Yes No	Affidavit Required
Granted by Variance (B.O,A.) ☐ Yes No Case #:	2	Previously Granted by Ves PNo	y Variance (B.O.A.)	# NA
Was Parcel Legally Created Was Proposed Building Site Delineated Was Proposed Building Site Delineated Wes □ No		Were Property Line	es Represented by Owner Was Property Surveyed	OYes No
Inspection Record:	cation o	i K		Zoning District (AS 1) Lakes Classification (1)
Date of Inspection: 611 2020	Inspected by:	but Suh:	wren	Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Atta	ached? 🗆 Yes 🗆 No – (If	No they need to be atta	iched.)	
Maintain S	ethacks			
Q_1	1			
Signature of Inspector:	M			Date of Approval: 6/2/20
Hold For Sanitary: Hold For TBA:	Hold For Affi	davit: 🗌	Hold For Fees:	

Isaksson Sheds







Bayfield County Land Records

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	20-0	094		ls	suec	To: Paul & Susan Isaksson									
LESS PAR Location:					1/4	Section	8	Township	50	N.	Range	7	W.	Town of	Clover
Gov't Lot			L	₋ot		Blo	ck	Sul	odivisio	n				CSM#	

For: Residential Accessory Structure: [1- Story; Shed (10' x 22') = 220 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Maintain setbacks

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Rob Schierman

Authorized Issuing Official

June 2, 2020

Date

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X
SANITARY - 92-1360
SIGN SPECIAL - NA
CONDITIONAL -

BOA -

BAYFIELD COUNTY



PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTRUCTION

No: 05132001-2020

Tax ID: 11991

Location: PAR IN NE NE & NW NW SEC Section 33

Township 50 N. Range 07 W. CLOVER
34 E OF CRANBERRY & W OF CAMPBELL
RD IN DOC 2020R- 581723

Govt Lot 0

Lot Block Subdivision: CSM#

For. Residential / Bunk House / 32L x 14W x 16H, Deck: 12L x 12W x2H

Condition(s): Bunkhouse must be 500 sq ft or less in size. No kitchen or food preparation allowed in bunkhouse. No pressurized water or plumbing in bunkhouse without approved connection to proposed future sanitary system.

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This permit may be void or revoked if any performance conditions are not completed or if any conditions are violated.

Todd Norwood

Authorized Issuing Official

Tue Jun 02 2020

Date